MONATSSCHRFT FUR PSYCHRIATRIE UND NEUROLOGIE

(Vol. 13, 1903, No. 5, May.)

1. The Aphasic Symptom-Complex. E. Storch.
2. Contribution to the Knowledge of Transcortical Aphasia. M. Berg.
3. Contribution to the Further Knowledge of the Richness of the Cerebral Cortex of Human Beings in Myelinated Nerve Fibers. E. L. F. S. Brückner.
4. The Pathology of Paralysis of the Peroneus. S. Daus.

1. *Aphasia.*—Storch commences his article with a careful analysis of psychical perception. This is of psychological rather than of medical interest. He mentions, however, as one of the most important facts, that attention to any part of the body diminishes the way of irritability of the motor cortical cells that cover that part. Speech differs from the visual perceptions inasmuch that it is wholly dependent upon hearing. He analyzes the acoustic perceptions. He draws a sharp distinction between musical perceptions and phonetic perceptions, the two being entirely independent. (The paper is still unfinished.)

2. *Transcortical Aphasia.*—The essential symptoms of transcortical aphasia are paraphasia, paragraphia, and echolalia. The variation in the anatomical changes found in the cases that have hitherto been reported indicate that it is impossible to localize the lesion that gives rise to this condition. Berg tabulates eighteen cases that he has obtained from the literature, including one of his own. (The paper is still unfinished.)

3. *Myelinated Fibers in Cortex.*—Brückner continues his article upon the medullary fibers in the cortex of an eighteen-year-old Suaheli. He gives elaborate tables showing the results of his painstaking measurements, and a wealth of anatomical details that unfortunately cannot be reproduced in an abstract. He compares the results with those obtained in other human brains, particularly with that of a German child. Curiously enough the former in some respects was equally as well developed. In other respects also the brain resembled the infantile German type, particularly in the superior development of the right hemisphere.

4. *Pathology of Peroneus.*—Daus calls attention to the frequency with which the peroneal nerve is paralyzed. He classifies these as follows: (1) Congenital; (2) acquired during extrauterine existence. These may be: A. Mechanical Causes.—I. Involving the central organs; (1) external injuries either to the head or back; (2) internal mechanical injuries: brain hemorrhage, brain tumors, or lesions or tumors of the cord. II. Affecting the peripheral and peroneal tract; (1) external cutaneous injuries. (a) stab, blow, or gunshot wounds; (2) burning; (2) injuries as a result of fractures or luxations; (3) rupture of the nerve, (a) simple over-stretching, (b) over-stretching as a result of tumors; (4) pressure, (a) pressure during sleep, (b) pressure during narcosis, (c) ligation, either external, as from a bandage, or internal as the result of scars or callus, (d) compression, (e) in deformities of the knee, (f) paralysis during birth either of the mother or child, (g) tumors; (5) miscellaneous, (a) paralysis as a result of overexertion, (b) the hysterical paralysis of Charcot, (c) paralysis due to fright, (d) the paradoxical contraction of Westphal, (e) paralysis due to habit of Erb.

B. As a result of toxic causes.—I. Directly toxic; (1) chemical: alcohol, lead, arsenic, mercury; II. parasitic, (a) acute infectious disease: diphtheria, pertussis, exanthemata erysipelas, typhoid fever, pneumonia, influenza, gonorrhea, syphilis, beriberi, and malaria; (b) chronic infectious diseases: tuberculosis and leprosy; III. indirectly toxic: Chemical: Diabetes, gout, rheumatism, skin diseases, and ascending neuritis.

C. As a symptom or complication of organic disease of the central nervous system.—I. In tabes, in tabo-paresis, in dementia paralytica, multiple sclerosis, antero-poliomyelitis, and the peroneal type of progressive muscular atrophy.

D. In old age.

E. Of unknown cause.

Daus quotes articles from the enormous literature on this subject, illustrating each of these forms. (The paper is still unfinished.)

(Vol. 13, 1903, No. 6, June.)

1. The Capacity of the Skull (The Cranial Cavity) in Nursing Infants and Older Children. H. Pfister.
2. Disturbances in Sensory Perception in Cases of Mental Disease. W. v. Bechterew.
3. The Aphasic Symptom Complex. E. Storch.
4. Contribution to the Knowledge of Transcortical Aphasia. M. Berg.

1. *Skull Capacity.*—Pfister has determined the capacity of the cranium by means of water, according to his own method, in 77 male infants, and 77 female infants, ranging in age from thirteen days to eight years. The variability in the size of the cranium in both sexes is considerable. In the second year there may be a difference of as much as 200 cm., although the average is only 948 cm. in males and 907 cm. in females. The average result for a certain period is as follows:

I. To the end of the first month: Male, 415 cm.; female, 414 cm.
II. To the end of the third month: Male, 503 cm.; female, 574 cm.
III. To the end of the sixth month: Male, 651 cm.; female, 577 cm.
IV. To the end of the tenth month: Male, 769 cm.; female, 684 cm.
V. To the end of the fifteenth month: Male, 899 cm.; female, 883 cm.
VI. To the end of the twenty-first month: Male, 1,030 cm.; female, 895.

As a result of his studies he reaches the following conclusions: First, the cubic capacity of an infantile skull less about 6.5 per cent, gives approximately the capacity of the cranium in the living individual. Second, the capacity of the cranium is larger at all ages in males than in females. The difference is less at birth and increases with age. Third, before the ninth month of life is completed about one-third of the total increase in the capacity of the cranium over that at birth, has occurred. Fourth, at the end of 2.5 years about two-thirds of the total increase in the capacity of the cranium has occurred. It is not known when the head ceases to enlarge. The individual variations in size are very considerable.

2. *Sensory Perception in Mental Disease.*—Von Bechterew reports some curious cases in which patients had strange disturbances of the psychical sense. A girl of twenty years, although touch, pain and temperature senses were not distinctly abnormal, had a hallucination that her head, arms, legs and even the body were missing. The condition appears to be one of purely psychical anesthesia. In another instance, an army officer had such a hyperesthesia for the word "blood" that when it was spoken, he was sometimes thrown into convulsive states. In still another case a patient had hallucinations of hearing associated with certain sensory disturbances.

3. *Aphasia.*—Storch concludes his article upon the aphasic symptom complex. He discusses perception of letters, of words, and particularly the relations of these perceptions to the various forms of aphasia. He uses the term glosso-psyche to indicate the entire apparatus used in the formulation of letters and the spelling of words. He devotes considerable time to the discussion of spelling, and finally concludes with a classification of the various forms of aphasia.

A.—Those without essential participation of the stereopsychic region: —intelligence and tact; (1) The proglossopsychical aphasias. The lesion lies peripherally to the glossopsychical fields (the subcortical forms, (a) subcortical sensory aphasia, or pure word-deafness: the lesion being in the left temperosphenoidal lobe; the glossopsychic region is slightly or not at all injured; the invalid can read and write; (b) subcortical motor aphasia: aphemia and pure word-deafness: the lesion being in Broca's region. The glossopsychic region is almost intact; the patient understands speech, can read and write, but cannot speak. (II) Glossopsychic aphasias, (a) cortical sensory aphasia, the lesion having separated the glossopsychic region from the peripheral organs of hearing, and also injured the glossones. In addition to word-deafness there may be paraphasic manifestations, and disturbances of reading and writing; (b) cortical motor aphasia: the lesion not only separates the glossopsychic region from the phonetic nuclei in the medulla, but also has injured the latter. The understanding of speech and the ability to read and write are involved according to the extent of the lesion; (c) pure glossopsychic aphasia: in which only the elements of glossopsychic region are involved: therefore the understanding of speech, spontaneous speech, repetition and reading and writing are injured; (d) total aphasia in which the whole glossopsychic region is destroyed.

B.—Forms of aphasia with involvment of the stereopsychic region; (1) Pure stereopsychic forms, that is, certain varieties of transcortical motor and sensory aphasia, pure word-blindness, various form of agraphia and psychoses; (2) mixed stereoglossopsychic aphasias.

4. *Transcortical Aphasia.*—Berg continues his article with a long description of his own case. A man for forty-nine years had shown symptoms of mental impairment for several months. The essential features of the case were that voluntary speech was preserved as far as the formation of words was concerned, but the language was completely paraphasic and incohert. The understanding for words and simple sentences was preserved, but more complicated sentences produced hopeless confusion. Voluntary writing showed pronounced paragraphia; the understanding of writing for words and simple sentences was preserved. The patient could repeat, could read, could copy, and could even write from dictation. The repetition of simple words was done intelligently. If more complicated sentences were given the paraphasic phenomenon sometimes appeared. In reading, copying and in writing from dictation the patient understood nothing. The echolala was typical. The patient was able to identify objects by sight and touch. Intelligence, memory and observation were all diminished. The case, therefore, represents a form of transcortical aphasia, partly motor and partly sensory in character, and the lesion is probably a diffuse lesion in the brain. JOSEPH SAILER (Philadelphia).

ARCHIV FUER PSYCHIATRIE UND NERVENKRANKHEITEN

(37 Band, 1903, I Heft.)

1. Concerning Korsakow's Symptom-Complex. E. MEYER and J. RAECKE.
2. The Pathogenesis of Amyotrophic Lateral Sclerosis. H. HAENEL.
3. A Contribution to the Pathology of Huntingdon's Chorea. E. STIER.
4. A Contribution to the Pathology of Chorea Minor. C. HUDOVERING.
5. The Simple Demented Form of Dementia Praecox. O. DIEM.
6. The Value of the X-Rays in the Treatment of Diseases of the Spinal Cord. E. VON LEYDEN and E. GRUNMACH.
7. Further Contributions to the Pathology of Sensory Aphasia. A. PICK.
8. The Occupation Neuroses of Telegraphers. E. CRONBACH.
9. Notes on the Criticism of Dr. M. Fekch on Two Cases of Cerebellar Palsy in Children.

1. *Korsakow's Symptom-Complex.*—An investigation of the question whether multiple neuritis may be followed by definite mental symptoms. The history of eight cases is given in detail. One improved greatly so that he was practically cured; one was improved; two remained unimproved and four died. Of the four cases that went to autopsy one showed fresh degen-